## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

								110+007+0					
·		CLAIMS A	S FILED (Column			ımn 2)	_	SMALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			32		•			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TO	TAL CHARGE	ABLE CLAIMS	3 ~ minus 20=		. 12		1	X\$ 9=		OR	X\$18=	_	
INDEPENDENT CLAIMS			2 m	inus 3 =	· 10		1	X43=	1	1	X86=		
м	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				1		<del> </del>	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								L					
						JOIGHIN Z		TOTAL	L	OR	TOTAL		
	C	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	** 2	3)	= /	1	X\$ 9=		OR.	X\$18=		
	Independent	. 3	Minus '	***		=		X43=		OR	X86=	/	
	FIRST PRESE	NTATON OF MI	JLTIPLE DE	PENDENI	<b>ELAIM</b>		]	1.45				/	
								+145= TOTAL		OR	+290=		
								ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1)	· 	(Colur		(Column 3	<u> </u>						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								+145=		OR	+290=		
				•				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N O	Total	•	Minus -	**		= .	] [	X\$ 9=		OR	X\$18=		
MEI	Independent	*	Minus	***		=	<b> </b>	X43=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		J` <del> </del>			OH			
* 1	f the entry in colur	nn 1 is less than th	e entry in colu	mn 2 write	TO" in cod	uma 3	Į	+145=		OR	+290=		
••	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For <sup>*</sup> IN THI	S SPACE is	less than	20, enter *20	. ,	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					er fou	nd in the app	ropriate box	in col	umn 1.		
											• .		